

**REQUEST  
FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL**

|   |                      |                          |
|---|----------------------|--------------------------|
| <b>Address to:</b><br>Commissioner for Patents<br>Mail Stop RCE<br>P.O. Box 1450<br>Alexandria, VA 22313-1450 | Application Number   | 09/469,791               |
|   | Filing Date          | 12/22/1999               |
|   | First Named Inventor | Charles R. Kalmanek, Jr. |
|   | Group Art Unit       | 2666                     |
|   | Examiner Name        | JAGANNATHAN, Melanie     |
|   | Attorney Docket No.  | 113335F                  |

This is a Request for Continued Examination under 37 C. F. R. § 1.114 of the above-identified application.

|  |  |
|--|--|
| 1) Submission required under 37 C. F. R. § 1.114   |  |
| a) <input type="checkbox"/> Previously submitted:<br>i) <input type="checkbox"/> Consider the amendment(s) / reply under 37 C. F. R. § 1.116 previously filed on 12/09/02.<br>(Any unentered amendment(s) referred to above will be entered).<br>ii) <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on<br>iii) <input type="checkbox"/> Other                   |  |
| b) <input checked="" type="checkbox"/> Enclosed:<br>i) <input checked="" type="checkbox"/> Amendment / Reply<br>ii) <input type="checkbox"/> Affidavit(s) / Declaration (s)<br>iii) <input type="checkbox"/> Sheet of Additional Drawing<br>iv) <input type="checkbox"/> Petition for Extension of Time to Reply<br>v) <input type="checkbox"/> Power of Attorney  |  |
| 2) Miscellaneous:  |  |
| a) <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 C. F. R. § 1.103(c) for a period of months. (Period of suspension shall not exceed 3 months. Fee under 37 C. F. R. § 1.17(l) required).<br>b) <input type="checkbox"/> Other  |  |
| 3) Fees: The RCE Fee under 37 C. F. R. § 1.17(e) is required by 37 C. F. R. § 1.114 when the RCE is filed.   |  |
| a) <input checked="" type="checkbox"/> The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 502,186<br>i) <input checked="" type="checkbox"/> RCE Fee required under 37 C. F. R. § 1.17(e).<br>ii) <input type="checkbox"/> Extension of time fee (37 C. F. R. §§ 1.136 and 1.17).<br>iii) <input checked="" type="checkbox"/> Any Other Required Fee. |  |

**CORRESPONDENCE ADDRESS**

Customer Number or Bar Code Label

Customer Number -

or  Correspondence address below

|         |                                |       |    |          |       |
|---------|--------------------------------|-------|----|----------|-------|
| NAME    | Samuel H. Dworetzky, AT&T Corp |       |    |          |       |
| ADDRESS | Room 2A-205<br>One AT&T Way    |       |    |          |       |
| CITY    | Bedminster                     | STATE | NJ | ZIP CODE | 07921 |
| COUNTRY | USA                            | FAX   |    |          |       |

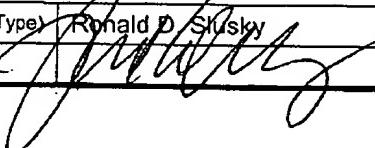
**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

|           |                  |          |       |
|-----------|------------------|----------|-------|
| NAME      | Ronald D. Slusky | REG. No. | 26585 |
| TELEPHONE | 212-246-4546     |          |       |

|           |      |
|-----------|------|
| SIGNATURE | DATE |
|-----------|------|

**CERTIFICATE OF MAILING AND TRANSMISSION**

I hereby certify that this correspondence is being transmitted to the USPTO by facsimile to telephone number 703-872-9306 on the date indicated below.

|                   |   |      |         |
|-------------------|---|------|---------|
| Name (Print/Type) | Ronald D. Slusky  | Date | 6/28/04 |
| Signature         |  |      |         |